STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION 155668		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 03/22/2011		
		100000	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	JOGIZZIZ	.011
NAME OF F	ROVIDER OR SUPPLIE	R			HARLESTOWN ROAD		
PROVIDI	ENCE RETIREMEN	NT HOME		1	LBANY, IN47150		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE
F0000	This visit was fo	or the Post Survey Revisit	F00	000			
	(PSR) to the Red	certification and State					
	Licensure Surve	ey completed on February,					
	7, 2011.						
	This visit was in	conjunction with the					
	Investigation of	Complaint IN00087824.					
	Survey dates: M	March 21, 22, 2011					
	Eggility number	. 001144					
	Facility number Provider number						
	AIM number:	200256980					
	Anvi number.	200230980					
	Survey team:						
	Donna Groan, R	N TC					
	Avona Connell,	·					
	Gloria Reisert, N						
	Gioria Reisert, P	VIS W					
	Census bed type	··					
	SNF: 26	•					
	NF: 38						
	SNF/NF: 46						
	Residential: 03						
	Total: 113						
	113						
	Census payor ty	pe:					
	Medicare: 26	1					
	Medicaid: 38						
	Other: 49						
	Total: 113						
	Sample: 14						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: TO8K12 Facility ID: 00

TITLE

PRINTED: 04/14/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155668		A. BUI	ILDING	NSTRUCTION	(X3) DATE S COMPL 03/22/2	ETED	
	PROVIDER OR SUPPLIER		B. WIN	STREET A 4915 CH	DDRESS, CITY, STATE, ZIP CODE HARLESTOWN ROAD		
	ENCE RETIREMEN				_BANY, IN47150		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION DATE
	Supplemental san Residential samp	•					
		es also reflect state accordance with 410 IAC					
		/11 by Suzanne Williams, RN					
	(PSR) to the Rec	r the Post Survey Revisit ertification and State					
	7, 2011.	y completed on February,					
		conjunction with the Complaint IN00087824.					
	Survey dates: M	arch 21, 22, 2011					
	Facility number: Provider number						
	AIM number:	200256980					
Survey team: Donna Groan, RN, TC Avona Connell, RN Gloria Reisert, MSW							
	,						
	Census bed type: SNF: 26						
	NF: 38 SNF/NF: 46						
	Residential: 03						
	Total: 113						

001144

PRINTED: 04/14/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155668			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE COMPI 03/22/2	LETED
	PROVIDER OR SUPPLIER		STREET A 4915 C	ADDRESS, CITY, STATE, ZIP CODE HARLESTOWN ROAD LBANY, IN47150		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	D BE	(X5) COMPLETION DATE
	findings cited in 16.2.	mple: 1				

001144

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668			(X2) MI A. BUII B. WIN	LDING	ONSTRUCTION	(X3) DATE (COMPL 03/22/2	ETED
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>			ADDRESS, CITY, STATE, ZIP CODE		
	ENCE RETIREMEN			I	CHARLESTOWN ROAD NLBANY, IN47150		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	1	ID	·		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	_	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	DATE
F0253	Based on observa	ation, record review and	F02	53	This plan of correction constitu	ies	04/15/2011
SS=B	interview, the fac	cility failed to ensure			Mercy Providence Retirement Home's credible allegation of		
	furniture and fixt	tures were clean and in			compliance for all cited		
	good repair durir	ng environmental			deficiencies. Nothing in this pl	an	
	observations on	1 of 2 survey days. The			of correction should be constru	ued	
	deficient practice	e affected 3 of 14 rooms			as admission by the facility of	any	
	on the 300 hall;	1 of 14 rooms on 200			violations of state and federal statutes, regulations or standa	rds	
	hall; 1 of 12 roor	ns on the 400 hall, 2 of 9			of care. This plan of correction		
	rooms on the 600	hall, 2 of 9 rooms on			to demonstrate compliance of		
	the 700 hall; 3 of	f 13 rooms on the 800,			state and federal requirements	3	
	· ·	rooms on the 900 hall			cited during recertification survey.1) What corrective		
	· ·	oms by the Chapel. This			action/s will be accomplished to	or	
		e had the potential to			those residents found to have		
	•	ts who occupied those			been affected by the deficient		
	rooms.	1			practice?The bed frames in ro	om	
					209, 305, 308, 402, 608, 709, 703, 802, 804, 809, 909, 912 a	and	
	Findings include				913 have been cleaned and di		
	1 1114111195 11141444	•			removed.The overbed light in		
	On 03/21/11 bet	ween 8:59 a.m. and 9:40			608, 703 and 809 have been		
		ence of the Director of			cleaned and dust removed. The built in shelving in room 607 has		
	-	sekeeping Supervisor the			been cleaned and dust	a5	
	following was ob				removed.The caulking at the to	oilet	
	Tonowing was or	5561 ved .			base has been removed and		
	1 Room 209T	he bed frame was soiled			fresh caulking added and the t		
		The dust rolled up when			by the handsink were filled in t women's restroom by the	пе	
	swiped with the	•			Chapel.2) How other resident	s	
	Swiped with the	11115013.			having the potential to be affect	cted	
	2 Room 205 T	he bed frames were			by the same deficient practice		
	soiled with heavy				be identified and what correcti action/s will be	ve	
	Solica with heavy	y uust.			taken.Housekeeping		
	2 Poom 200 T	The bed frame was soiled			Director/Designee will complete	e	
	with heavy dust.	THE DEA HAIRE WAS SUITE			an audit of all bed frames,	,	
	with heavy dust.				overbed lights, built in shelving assure no other areas are	j to	
					assure no other areas are		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		155668	B. WING 03/22/2011			011	
		1	D. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEF	₹			HARLESTOWN ROAD		
PROVID	ENCE RETIREMEN	JT HOME		1	LBANY, IN47150		
					EBANT, INT 150		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· `	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE
		The bed frames were			affected with heavy dust.Maintenance		
	soiled with heav	y dust. One over the bed			Director/Designee will complet		
	light was soiled	with dust and the cover			an audit of all public restroom		
	was loose from t	he light.			stained caulking and chipped t		
					to assure no other areas are		
	5 Room 607T	The built in shelving was			affected by stained caulking or	-	
	soiled with dust.	•			chipped tile.3) What measure		
	Soffed with dust.				be put into place or what syste		
					changes will be made to ensur		
		The bed frames were			that the deficient practice does not recur?Housekeeping	•	
	soiled with heav	y dust. One over the bed			Supervisor from a sister facility	,	
	light was dusty.				will in-service staff on how to	′	
					clean a room using effective		
	7. Room 709T	The bed frame was soiled			techniques.Executive Director	,	
	with heavy dust.				Maintenance Director and		
	with fieary dast.				Housekeeping Supervisor will		
	0 Daam 702 T	The head frame area and a d			in-service staff on a new clean	ing	
		The bed frame was soiled			schedule and a daily tool to	,	
		e over the bed light was			complete verifying completion room being cleaned. Beds wil		
	soiled with heav	y dust.			cleaned weekly,built in shelvin		
					be checked daily and overbed		
	9. Room 802T	he bed frames was soiled			lights cleaned daily. The		
	with heavy dust.				housekeeping		
					supervisor/designee will audit		
	10 Room 804	The bed frames were			of resident population rooms d	- 1	
	soiled with heav				five times a week for one mon	· .	
	Solied with heav	y dust.			then monthly for three months		
	11 D 000	TI 1 1 C 1			then quarterly for the remainde of the year for dust to bed fran		
		The bed frames and over			over bed lights and built in	100,	
	the bed lights we	ere soiled with heavy dust.			shelving. Findings will be		
					reported to the QA		
	12. Room 909	The bed frames were			committee.Housekeeping staff		
	soiled with heav	y dust.			will place a card on vacant roo	ms	
		-			to note they must be cleaned		
	13 Room 912	The bed frames were			thoroughly prior to a new		
	soiled with heav				admission.Maintenance Staff value in-serviced on monitoring for		
	Solica willi licav	y dust.			be in-serviced on monitoring it	יי	
			1				

001144

INTERCATION NUMBER 15668 NAME OF PROVIDER OR SUPPLER PROVIDENCE RETIREMENT HOME SUMMARY STATEMENT OF DEFICIENCIES REACH DEFICIENCY MIST BE PRACEIDED BY FILL. TAG REGILATORY OR IS CIENTITYTHIS INFORMATION) 14. Room 913— The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-12 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekceping Supervisor she provided copies of the audits related to the cleanliness of the bed frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f) SIMMARY STATEMENT OF DEFICIENCES ID PRIPIER MALESTOWN ROAD NEW ALBANY, INAT150 (XS) (X	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
NAME OF PROVIDENCE RETIREMENT HOME NEW ALBANY, INATISE REGULATORY OR LSC IDENTIFYING REPORATIONS) 14. Room 913 The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-inch and one approximately 12 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor/be provided copies of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11, The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f) NIRLET ADDRESS, CUTY, STATE, 2IP CODE 4915 CHARLESTOWN ROAD NEW ALBANY, INATISE (X3) PREFIX TAG NIRLET ADDRESS, CUTY, STATE, 2IP CODE 4915 CHARLESTOWN ROAD NEW ALBANY, INATISE (X3) PREFIX TAG SUBMINATES VALUE AND SUBMINISTAC OF CORRECTION (X3) COMINIETION COMPLETION COMPLETION COMPLETION DATE Stained caulk and chipped tiles in public restrooms during their preventive maintenance rounds. Maintenance Director/beginee will complete an audit monthly for three months, then quarterly for the remainder of the year for dust to overbed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11, The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f)	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIIII	DING		COMPL	ETED
NAME OF PROVIDENCE RETIREMENT HOME PROVIDENCE RETIREMENT HOME (XA D. SUMMARY STATEMENT OF DEFICIENCIES PRETED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 14. ROOM 913 The bed frame was solled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-/2 inch. and one approximately 1-/2 inch. 16. At 10-00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor she provided copies of the audits related to the cleanliness of the bed frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f) SIREFI ADDRESS CITY, STATE, 2/P CODE 4915 CHARLESTOWN ROAD NEW ALBANY, IN47150 DATE DEFINENCE OF CHARLESTOWN ROAD NEW ALBANY, IN47150 DATE DEFINENCE OF CASHER CORPITION COMPLETION TAG PREFIX TAG THE STAMENT AND FORMATION COMPLETION TAG Saliend caulk and chipped tiles in public restrooms during their preventive maintenance rounds and thipped tiles in public restrooms. Findings will be reported to the OA committee. 4 How will the corrective action/s be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Housekeeping Supervisor She provided copies of the audits related to the clean and the public restrooms during their preventive maintenance rounds and the public restrooms during their preventive maintenance rounds and the public restrooms during their preventive maintenance rounds and things the public restrooms during their preventive maintenance rounds and things in the treatment of the year for dust to overbed lights.			155668				03/22/2	011
PROVIDENCE RETIREMENT HOME (A) ID PREENT TAG ILA ROOM 913 The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1/2 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor's she provided copies of the audits related to the cleanliness of the bad frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f) 4915 CHARLESTOWN ROAD NEW ALBANY, INA7150 PREEX TAG Stained caulk and chipped tiles in public restrooms during their preventive maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. All the corrective actions be monitored to ensure the deficient practice will complete an audit on 5% of resident population rooms daily five times a week for one month, then quarterly for the remainder of the year for dust to overbed lights, built in shebring and bed frames, overbed lights and built in shebring and bed fr			II.	P. ", II'		ADDRESS, CITY, STATE, ZIP CODE		
Decomposition Decompositio	NAME OF I	PROVIDER OR SUPPLIER	8					
PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION) 14. Room 913— The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-inch and one approximately 1-inch and one approximately 1/2 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor she provided copies of the audits related to the cleanliness of the bed frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(1) PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG SEMENTATION TAG SEMENTATION TAG SEMENTATION THO PROFITS CHON SHORDAD BY COMPLETION DATE Stained caulk and chipped tiles in public restrooms. Maintenance or ounds. Main	PROVID	ENCE RETIREMEN	IT HOME					
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 14. Room 913— The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-inch and one approximately 1/2 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekceping Supervisor she provided copies of the audits related to the cleanliness of the bed frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f) Tag Reductober Preventing Stained caulk and chipped tiles in public restrooms during their preventive maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. A committee the deficient practice will not recur, i.e., what quality assurance propriegnee will audit 5% of resident population rooms daily five times a week for one month, then monthly for three months, then quarterly for the remainder of the year for dust to overbed lights and built in shelving. Findings to be	(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	1	ID	PROVIDER'S DI AN CE CODDECTION		(X5)
14. Room 913— The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-inch and one approximately 1-inch and one approximately 1/2 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor she provided copies of the audits related to the cleanliness of the bed frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(1) This deficiency is considered to the complete on the provided conject of the complete on the complete	PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION
14. Room 913 The bed frame was soiled with heavy dust. 15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-inch and one approximately 1/2 inch. 16. At 10:00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor she provided copies of the audits related to the cleanliness of the bandist indicated they were completed on 03/08 and 03/09/11. This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f) public restrooms during their preventive maintenance rounds. Maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for dust to overbed lights, built in shelving, and bed frames. Findings will be reported to the QA committee. Washing and bed frames. Findings will be reported to the QA committee. Executive Director will complete an audit nonthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. Executive Director will complete an audit nonthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. Executive Director will complete an audit nonthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. Executive Director will complete an audit nonthly for three months, then quarterly for the remainder of the year for dust to be director. Findings will be reported to the QA committee. Findings will be restrooms. Findings will be restrooms. Findings will be restrooms. Findings will be reported to the QA committee. Findings will be restrooms. Find	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	IAU	14. Room 913-soiled with heavy 15. The followin Women's restroom The caulking at the angle yellow/brown a handsink were clifloor level. Two approximately 12 approximately 12 approximately 14. 16. At 10:00 a.m. interview with the Supervisor shep audits related to frames and over audits indicated 103/08 and 03/09/07. This deficiency with the facility failed systemic plan of recurrence.	The bed frame was y dust. Ing was observed in the m by the Chapel: the toilet base was stained and tiles to the left of the hipped in 3 areas at the o areas measured inch and one inch an		IAU	stained caulk and chipped tile public restrooms during their preventive maintenance rounds. Maintenance Director/Designee will comple an audit monthly for three months, then quarterly for the remainder of the year for stair caulk and chipped tiles in pubrestrooms. Findings will be reported to the QA committee How will the corrective action/monitored to ensure the defici practice will not recur, i.e., wh quality assurance program wiput into place? Housekeeping Supervisor/Designee will audi of resident population rooms of five times a week for one more then monthly for three months then quarterly for the remaind of the year for dust to overbed lights, built in shelving and be frames. Findings will be reported to the QA committee. Maintenance Director/Designee will comple an audit monthly for three months, then quarterly for the remainder of the year for stair caulk and chipped tiles in pubrestrooms. Findings will be reported to the QA committee. Executive Director complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit on 5 % of resident population.	te n lic 4) be dent libbe t 5% daily be dent libbe t tel do not consider the lic will be or or dust and be	DATE

PRINTED: 04/14/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668			(X2) M A. BUII B. WIN	LDING	ONSTRUCTION	(X3) DATE : COMPL 03/22/2	ETED
	ROVIDER OR SUPPLIER		P. (12)	STREET A 4915 C	ADDRESS, CITY, STATE, ZIP CODE HARLESTOWN ROAD LBANY, IN47150		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓE	(X5) COMPLETION DATE
F9999			F99	99	1) What corrective action/s will accomplished for those reside found to have been affected be the deficient practice? The bed frames in room 209, 305, 308, 402, 608, 709, 703, 802, 804, 808, 909, 912 and 913 have be cleaned and dust removed. The overbed light in 608, 703 and have been cleaned and dust removed. The built in shelving room 607 has been cleaned a dust removed. The caulking at toilet base has been removed fresh caulking added and the by the handskink were filled in women's restroom by the Chapel. 2) How other resident having the potential to be affect by the same deficient practice be identified and what correcting action/s will be taken. Housekeeping Director/Designee will comple an audit all all bed frames, overbed lights, built in shelving assure no other areas are affected with heavy dust. Maintenance Director/Designee will comple an audit of all public restrooms stained caulking and chipped to assure no other areas are affected by stained caulking or chipped tile. 3) What measure be put into place or what syste changes will be made to ensu that the deficient practice does not recur? Housekeeping Supervisor from a sister facility will in-service staff on how to	een e 809 in d the and tiles the sted will ve te g to te s for tiles r will emic re s	04/15/2011

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TO8K12 Facility ID:

001144

If continuation sheet

Page 7 of 10

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MU	ILTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	155668	A. BUIL	DING		03/22/2011
		100000	B. WINC	_		03/22/2011
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE	
DDOVIDI	ENCE RETIREMEN	THOME			HARLESTOWN ROAD	
	ENCE RETIREMEN	I HOME		INEVV AI	LBANY, IN47150	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	'	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION DATE
IAG	REGULATORY OR	LSC IDENTIFT ING INFORMATION)	+	IAG	clean a room using effective	DATE
					techniques.Executive Director,	
					Maintenance Director and	
					Housekeeping Supervisor will	.
					in-service staff on a new clean	ing
					schedule and a daily tool to complete verifying completion	of
					room being cleaned. Beds wil	
					cleaned weekly, built in shelvir	
					to be checked daily and overb	ed
					lights cleaned daily.The housekeeping	
					supervisor/designee will audit	5%
					of resident population rooms d	aily
					five times a week for one mon	·
					then monthly for three months then quarterly for the remainde	I I
					of the year for dust to bed fram	
					over bed lights and built in	
					shelving. Findings will be	
					reported to the QA	.
					committee.Housekeeping staff will place a card on vacant roo	
					to note they must be cleaned	
					thoroughly prior to a new	
					admission.Maintenance staff v	
					be in-serviced on monitoring for stained caulk and chipped tiles	
					public restrooms during their	/""
					preventive maintenance	
					rounds.Maintenance Staff will	be
					in-serviced on monitoring for	vin
					stained caulk and chipped tiles public restrooms during their) III
					preventive maintenance	
					rounds.Maintenance	
					Director/Designee will complet	e
					an audit monthly for three months, then quarterly for the	
					remainder of the year for stain	
					caulk and chipped tiles in publ	
					· ,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155668			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/22/2011		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 4915 CHARLESTOWN ROAD NEW ALBANY, IN47150				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
				restroom. Findings will be reported to the QA committee How will the corrective action/monitored to ensure the defici practice will not recur, i.e. what quality assurance program will put into place? Housekeeping Supervisor/Designee will audit of resident population rooms of five times a week for one monthen monthly for three months then quarterly for the remaind of the year for dust to overbed lights, built in shelving and beframes. Findings will be reported to the QA committee. Maintenance Director/Designee will comple an audit monthly for three months, then quarterly for the remainder of the year for stair caulk and chipped tiles in pub restrooms. Findings will be reported to the QA committee. Executive Director complete an audit of 5% of resident population monthly for three months, then quarterly for the remainder of the year for complete an audit of 5% of resident population monthly for the remainder of the year for complete in shelving. Findings to be reported to the QA committee.	s be ent ent at il be t 5% daily with, s, er d d rted te n lic will or or dust and oe		
R0000			R0000				

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	NT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/22/2011		
NAME OF PROVIDER OR SUPPLIER PROVIDENCE RETIREMENT HOME			4915 C	ADDRESS, CITY, STATE, ZIP CODE HARLESTOWN ROAD LBANY, IN47150			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	TE	(X5) COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)				DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

TO8K12 Facility ID:

001144

If continuation sheet

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